

**COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES**

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**2006  
EMERGENCY MEDICAL SERVICES AGENCY  
SART CENTER STANDARDS**

**INTRODUCTION:**

These standards were developed in an effort to promote the most appropriate level of care for victims of sexual assault within Los Angeles County. The goal of the Los Angeles County Emergency Medical Services Agency is to transport these patients to a Sexual Assault Response Team (SART) Center, where healthcare practitioners have special training in treating victims of sexual assault/abuse and in the collection of evidence. SART is the planned community response to the problem of sexual assault. Victims, who deny physical injuries and do not meet base hospital contact and transport criteria, may be transported by 9-1-1 personnel to the most accessible 9-1-1 receiving hospital that is also a SART Center.

**ACKNOWLEDGMENTS:**

The SART Standards Committee, the Los Angeles County Sexual Assault Coordinating Council (LACSACC), and the California Coalition Against Sexual Assaults (CALCASA) made significant contributions in the development of SART Center Standards.

**DEFINITIONS:**

**OES:** Office of Emergency Services formerly known as Office of Criminal Justice and Planning (OCJP).

**Patient:** A person who has been sexually assaulted. The patient can also be identified as the victim and/or survivor.

**Qualified Medical Specialist:** A physician licensed in the State of California who is board certified or board eligible in a specialty by the American Board of Medical Specialties (ABMS), the Advisory Board of Osteopathic Specialties, a Canadian Board or other appropriate foreign specialty Board as determined by the ABMS for that specialty.

**Qualified Health Care Professional:** Any physician or surgeon, or a nurse or a professional registered nurse working in consultation with a physician and surgeon who conducts examinations or provides treatment in a general acute care hospital or in a physicians or surgeon's office pursuant to the California Penal Code 13823.5 (e).

**Rape Crisis Advocate:** An individual who functions as a support person who meets the requirements of Penal Code 679.04 and is available for the patient throughout the entire medical/legal process.

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**SAFE:** Sexual Assault Forensic Examiner/**SANE:** Sexual Assault Nurse Examiner  
A specially trained healthcare provider (i.e., physician, nurse practitioner, physician assistant, registered nurse) who independently and competently performs sexual assault forensic medical exams.

**SART:** Sexual Assault Response Team

A coordinated interdisciplinary intervention model between law enforcement, crime laboratory, District Attorney's Office, medical and advocacy experts to meet the forensic needs of the criminal justice system and the medical and emotional needs of the sexual assault/abuse victim.

**SART Center:** A licensed general acute care hospital, a licensed basic emergency department or a hospital sponsored program clinic that has met specific requirements approved by the County of Los Angeles to receive patient who are victims of sexual assault/abuse.

**Quality Improvement (QI):** A method to evaluate services provided, which includes a definition of standards, evaluation methodologies, and the utilization of evaluation results for continuous system improvement. Such methods may include, but not limited to, a written plan describing the program objectives, organization, scope, and mechanisms for overseeing the effectiveness of the program.

**I. GENERAL REQUIREMENTS:** All designated SART Centers shall be sponsored by a hospital and that hospital shall:

- A. Be licensed by the State Department of Health Services as a general acute care hospital.
- B. Be accredited by the Joint Commission on Accreditation of Healthcare Organization (JCAHO).
- C. Have a special permit for Basic or Comprehensive Emergency Medicine Service pursuant to the provisions of Title 22, Division 5, California Code of Regulations.
- D. Have a SART team available 24 hours a day 7 days a week.
- E. Have a dedicated private space away from the emergency department that provides a secure area for the examination and interview process.

**II. SART CENTER ORGANIZATION**

A. SART Center Program Director

- 1. Qualifications:

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- a. Registered nurse licensed by the State of California or Qualified Health Care Professional.
  - b. Successful completion of a Sexual Assault Forensic Examiner Course or equivalent - curriculum shall be in compliance with the medical forensic examination standards set forth in the Penal Code 13823.11.
  - c. Complete eight hours of continuing education related to sexual assault every two years as approved by the Program Director or designee.
2. Responsibilities:
- a. Implement and ensure compliance with the SART Standards.
  - b. Ensure that a chairperson for the Multidisciplinary SART Center Committee is designated.
  - c. Ensure that a QI process is in place to identify, review, and correct deficiencies in the delivery of care to the sexual assault victim.
  - d. Ensure that appropriate sexual assault education programs are provided to the SART personnel in collaboration with the SART Medical Advisor and the SART Coordinator.
  - e. Ensure that all employed examiners are competent and able to independently perform sexual assault exams. (See Attachment 1 Recommended Components of Competency for Sexual Assault Examiners)
  - f. Maintain records of completed continuing education by SART personnel.
  - g. Liaison with other SART Centers, prehospital care providers, EMS Agency, community hospitals, local health clinics, law enforcement, local crime laboratory, rape crisis advocacy response groups, District Attorney's Office and forensic examiners as needed.
  - h. Serve as a contact person for the EMS Agency.
  - i. Notify the EMS Agency in writing when there is a personnel change of the SART Program Director, Medical Advisor, or Coordinator.
3. A written document defining the authority and responsibilities of the SART Center Program Director shall exist.

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4. The SART Program Director may hold other positions within the hospital organization or SART Center program.
- B. SART Center Medical Advisor
1. Qualifications:
    - a. Qualified Medical Specialist or Board Certified physician with education and interest in the care of victims of sexual assault.
    - b. Complete eight hours of continuing education related to sexual assault every two years as approved by the Program Director or designee.
  2. Responsibilities:
    - a. Be available for consultation with forensic examiner as needed.
    - b. Coordinate medical care across departmental and multidisciplinary services as needed.
    - c. Provide medical oversight in the devolvement, implementation, and maintenance of a comprehensive QI program as it pertains to the care of the sexual assault victim.
    - d. Collaborate with the SART Center Program Director and SART Coordinator on educational programs, review and ensure content is medically sound and appropriate.
    - e. Be available for consultation with other SART Centers, prehospital care providers, EMS Agency, community hospitals, local health clinics, law enforcement, local crime laboratory, rape crisis advocacy response groups, District Attorney's Office and forensic examiners.
  3. A written document defining the authority and responsibilities of the SART Center Medical Advisor shall exist.
- C. SART Center Coordinator
1. Qualifications:
    - a. Registered nurse licensed by the State of California or a Qualified Health Care Professional.

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- b. Minimum of two years of clinical practice.
  - c. Successful completion of a Sexual Assault Forensic Examiner Course or equivalent – curriculum shall be in compliance with the medical forensic examination standards set forth in the Penal Code 13823.11.
  - d. Complete eight hours of continuing education related to sexual assault every two years as approved by the Program Director or designee.
- 2. Responsibilities:
  - a. Serve as a member of the Multidisciplinary SART Center Committee.
  - b. Maintain direct involvement in the development, implementation, and maintenance of the comprehensive multidisciplinary QI program.
  - c. Coordinate nursing care of the sexual assault patient across departmental and multidisciplinary services.
  - d. Collaborate with the SART Center Program Director and SART Medical Advisor to ensure that appropriate sexual assault education programs are provided to the SART personnel.
  - e. Liaison with other SART Centers, prehospital care providers, EMS Agency, community hospitals, local health clinics, law enforcement, local crime laboratory, rape crisis advocacy response groups, District Attorney's Office, and forensic examiners as needed.
  - f. Ensure that all employed examiners are competent and able to independently perform sexual assault exams.
- 3. A written document defining the authority and responsibilities of the SART Center Coordinator shall exist.
- 4. The SART Coordinator may hold other positions within the hospital organization or SART Center program.
- D. Sexual Assault Forensic Examiner (SAFE)/Sexual Assault Nurse Examiner (SANE)
  - 1. Qualifications:
    - a. Physician, registered nurse, or physician assistant licensed by the State of California.

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- b. Complete a Sexual Assault Forensic Examiner Course or equivalent – curriculum shall be in compliance with the medical forensic examination standards set forth in the Penal Code 13823.11.
    - c. Minimum of two years of clinical practice.
    - d. Complete eight hours of continuing education related to sexual assault every two years as approved by the Program Director or designee.
  - 2. A written document defining the authority and responsibilities of the SAFE/SANE shall exist.
- E. Rape Crisis Advocate
  - 1. Qualifications:
    - a. Successful completion of a 40-hour training consistent with OES training and in-service requirements set forth in the Penal Code 679.04.
  - 2. A written document defining the authority and responsibilities of the SART Rape Crisis Advocate shall exist.

**III. MULTIDISCIPLINARY SART CENTER COMMITTEE:**

- A. The committee shall include interdepartmental and multidisciplinary representatives from prehospital care, emergency department, law enforcement, SAFE/SANE, rape crisis advocacy groups, local crime laboratory, District Attorney's Office, and other relevant services (ie: prehospital care, emergency department, crime laboratory, and district attorney).
- B. The SART Committee should meet, at a minimum, on a quarterly basis or more frequently as needed, to review system-related performance issues. The committee members or a designee shall be obligated to attend at least 50% of the meetings.
  - 1. Responsibilities:
    - a. Review and ensure compliance with the SART Center Standards.

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- b. Review and ensure the coordination of SART services across departmental and multidisciplinary lines.
- c. Review and ensure a comprehensive and multidisciplinary quality improvement (QI) program.
- d. Review and discuss the development and implementation of policies and procedures listed in Section IV.
- e. Maintain attendance rosters and meeting minutes. The minutes from the meetings shall reflect the review, including, when appropriate, the analysis and proposed corrective actions.

**IV. POLICIES, PROCEDURES AND PROTOCOLS**

SART Centers shall follow the State OES protocol and utilize the current OES forms. There shall be a current SART Center policy and procedure manual reviewed and signed by the Program Director, Medical Advisor and Program Coordinator. This manual shall be readily available in the SART Center. SART Centers will be designated for a minimum of two (2) years. Designation may be renewed upon successful audit by the EMS Agency. The SART Center shall establish specific written policies and procedures that address, but are not limited to the following:

- A. Role and responsibilities of the SART members.
- B. Patient care, including physician availability and/or consultation, and nursing management of the sexually abused patient.
- C. Activation of SART.
- D. Evidence collection.
- E. Evidence storage, including refrigerator storage.
- F. Patient request for a physician.
- G. Emergency Department Medical Screening Evaluations.
- H. Treatment recommendations and aftercare instructions for the following:
  - 1. Sexually Transmitted Infection prophylaxis
  - 2. Pregnancy prophylaxis
  - 3. Healthcare referral and follow up

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4. HIV information and referral for immediate prophylaxis
  5. First Aid Instructions
  6. Referrals for counseling and mental health follow up
- I. Medical record storage and release.
- J. Routine maintenance and monitoring of equipment.
- K. Specific populations and their needs, which include but are not limited to the following:
1. Persons with disabilities
  2. Hearing impaired
  3. Elderly
  4. Pregnant
  5. Provision for foreign language translation
  6. Suspect exams
- L. Pediatrics or referral of pediatric patients who are victims of sexual assault to hospitals with a Suspected Child abuse and Neglect (SCAN) Team or Child Abuse Crisis Center.
- M. Patients unable to consent.
- N. Interface with the other agencies/departments, including:
1. Law enforcement
  2. Local crime laboratory
  3. County/City District Attorney's Office
  4. Local rape crisis center
  5. Adult Protective Services
  6. Department of Children and Family Services
  7. Shelters for battered women
  8. Child abuse and neglect treatment centers
  9. County Health Department
  10. County/City Victim Witness Assistance Program
  11. Local Health Clinics
- O. Patient referral from non-SART hospitals.

**VI. DESIGNATED SPACE, EQUIPMENT, SUPPLIES AND MEDICATIONS**

- A. Equipment, supplies and medications shall be easily accessible and logically organized.



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- B. The following are minimum requirements for equipment, supplies and medications:
1. Private waiting area
  2. Standard examination room, equipment and supplies
  3. Locked specimen refrigerator for storage of evidence
  4. Sexual Assault evidence collection kits from the local crime laboratory
  5. Small copier in the vicinity of the exam room
  6. Accessible fax machine
  7. Colposcope with photographic capabilities
  8. Alternate light source
  9. Swab dryer
  10. Microscope for the wet mount examination, preferably an optically staining or one that has a phase contrast substage (optional)
  11. Hand held 35 mm or digital camera
  12. Examination table with stirrups
  13. Secure area to preserve the chain of custody
  14. Secure file cabinets to store forensic record
  15. Medications

**VII. QUALITY IMPROVEMENT (QI) PROGRAM**

- A. Program shall be an organized multidisciplinary program for the purpose of improving care of the sexual assault victim and ensuring the integrity of evidence collection.
- B. The written SART QI Program plan shall be developed, monitored, and reviewed by the SART Program Director, Medical Advisor and Coordinator at a minimum of every two years.
- C. The designated SART personnel shall interface with prehospital care, emergency department, law enforcement, SAFE/SANE, local crime laboratory, rape crisis advocate, District Attorney's Office and other relevant services regarding identified QI issues as needed.

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**Recommended Components of Competency for Sexual Assault Examiners**

- I. Consents
  - A. Explains exam
  - B. Assesses patients understanding
- II. Interview (Assault History)
  - A. Therapeutic approach to information gathering
  - B. Obtains complete history
  - C. Clarification of events as needed
- III. Examination
  - A. Physical Exam according to OES protocol
  - B. Exam relevant to history
  - C. Identifies physical findings
- IV. Evidence Collection
  - A. Identifies appropriate areas for collection
  - B. Collects evidence accurately (OES protocols)
  - C. Prepares wet mount slide and identifies sperm
  - D. Handles, labels, packages evidence properly
  - E. Demonstrates and maintains chain of custody
- V. Equipment
  - A. Demonstrates proficiency in use of site specific equipment  
(alternate light source, camera, Colposcope, microscope, swab dryer)
- VI. Documentation
  - A. Properly completes OES Form
  - B. Accurately documents injuries on OES form
  - C. Accurately completes required forms
- VII. Medical Care
  - A. Assesses and explains risks of Sexually Transmitted Infections and/or pregnancy
  - B. Offers appropriate screening and/or diagnostic tests

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- C. Appropriately administers medications and/or treatments
- D. Reviews recommended aftercare
- E. Provides appropriate referrals